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*Sur une Forme d'Hypochondrie Aberrante due à la Perte de la Conscience du Corps*, par G. DEMY et P. CAMUS. Rev. Neurol., May 15, 1905.

Recently the peculiar symptom of the loss of the feeling of reality and allied states has received a great deal of attention in psychiatry. Janet, in his last publication, has given us extensive clinical records and fine psychological analyses of these strange mental states, and August Hoch (Psychological Bulletin, Vol. II, No. 7, July 15, 1905) has reviewed all the recent literature on the question. The symptom occurs in various psychoses and psychasthenic states. Demy and Camus record a case which is in many respects remarkable, and in addition they give a critical review of the various theories which have been propounded to explain the condition. A woman, aged 47, suffered from periodic confused episodes following intense emotional states and in which these peculiar feelings of unreality arose. She would describe her feeling as follows: "I do not feel myself, I do not feel my limbs, I do not feel my head, I do not feel my hair. I have to continually touch myself to know who I am. It seems to me that my entire body is changed, sometimes it is as if I no longer existed. When I touch an object I have the sensation that it is not I who feels it." There was constant motor restlessness, she continually touched various parts of her body. She never complained of heat or cold. If the mouth was closed she could not locate her tongue. She claimed to have lost the senses of taste and smell, noises and the sounds of the human voice seemed different to her. "The world appears changed to me. Persons and things are like phantoms, as if they were not real. I am unable to imagine the figure of my parents or the interior of my house." The physical examination, excepting some vaso-motor disturbances, was negative, and there were no hysterical stigmata.

The external senses act only in an accessory and secondary manner in the conception of a personality. Wernicke and Storch have shown that all sensory perception is composed of two elements, the specific or sensorial element and the organic or myopsychic element. This latter is made up of the sensations of muscular activity, and their memorial images are intimately united to the images of organic sensations of internal or visceral origin. The totality contributes what is called the cenesthesia, the sense of our bodily existence, of our physical personality, the vague feeling we have of our being, independently of the existence of our senses. Foerster has given to the loss of this feeling the name of the afuction of the somatopsyché, or loss of consciousness of the body. Janet calls it the "délire cénesthésique," or obsession de cécité et de mort, or, what is still better, sentiment de dépersonnalisation. According to Janet, this feeling of reality is a function of the "mental level," which disappears when the psychological tension diminishes. In those patients who experience this sense of unreality, there exists a lowering or enfeeblement of the psychological tension. The authors prefer the psycho-physiological theory of Storch and Foerster, to the purely psychological conception of Janet.

*Einseitige Grosshirnatrophie mit gekreuzter Kleinhirnatrophie bei einem Fall von progressiver Paralyse mit Herderscheinungen*, von TH. BUDER. Allg. Zeit. f. Psychiatrie, 1903, Bd. 60, H. 4.

In the course of general paralysis, presenting the classic symptoms, there followed a right hemiplegia after a series of apoplectiform attacks. The duration of the disease was 25 months. The autopsy showed an enormous atrophy of the left hemisphere (154 grammes less than the right) and also an atrophy of the right hemisphere of the cerebellum. Microscopically there were cell alterations in the central cortex and left frontal region, disappearance of the tangential fibres

and of a great number of the fibres of projection of the same side and a degeneration of the pyramidal tract continuing towards the internal capsule. The author discusses the question of the paralytic genetic processes in the brain. What is the cause of this great atrophy of the hemispheres? does it follow a process of another nature? is it the consequence of the paralytic process? or does the general paralysis develop in a brain where a hemisphere has been the seat of atrophy due to an arrest of development? By exclusion the author diagnoses an atypical general paralysis of Lissauer. Against the arrest of development, there is an equal development of the cerebral peduncles and of the pyramids. The real cause of this atrophy the author is unable to state.

[We have seen four similar cases of general paralysis with one-sided brain atrophy. In all these cases, focal symptoms were predominant, making a diagnosis from brain tumor very difficult at first, until the typical mental and physical decay cleared up the clinical side of the picture.]

*Psychiatry*, by STEWART PATON. J. B. Lippincott Co., 1905. pp. 618.

To the recent works on mental disorders, the result of the new impulse in psychiatry, especially in America, may be applied the oft-quoted "Of the making of many books there is no end." Dr. Paton's book, however, is the most serious effort on this important branch of medicine, made in the United States, and is thoroughly in keeping with the more modern lines of research, if we except a condensed abstract of Kraepelin published some two years ago. As a digest of the literature it is excellent, as an exposition of clinical psychiatry it has many faults, but these are considerably outweighed by the many admirable qualities of the book. True, it contains nothing new, and the author's experience in clinical psychiatry seems to have been rather limited, but it furnishes a good working basis for the student and general practitioner who wishes to become informed of the most recent lines in mental diseases. As an example of the great influence of the Heidelberg school, he follows in the main the classification of Kraepelin, but he has added in detail the researches of the French writers on hysteria, and the psychasthenias, and in view of the great importance of the latter group, not so much for the hospital physician, as for the general practitioner, the innovation is an excellent one. However, he groups the melancholias under the heading of senile psychoses, a classification obviously wrong, for clinical experience has shown how many of these states may appear during the pre-senile period. He recognizes the paranoic forms of manic-depressive insanity and also the atypical focal forms of general paralysis, although from the standpoint of symptomatology, he says nothing of the manic-depressive types of this latter disease. On page 85 it is stated that paramnesia is a mere distortion of memory, whereas it has been shown that this disorder is not one of a premeditated distortion, but is rather of profound dissociation, so strong that in the reduplicative forms it approaches a multiple personality. The stenographic production given of the flight of ideas, more nearly resembles the scattered thought of dementia praecox. Concerning the latter disease, the few lines on the relation of puberty, although fragmentary, yet are well taken and timely, as showing the modern tendency in this direction. He well holds out against charts for symptomatology as narrowing our conceptions and takes the firm stand for a thorough clinical study of each case independently, giving a short scheme for the mental and physical examination. The description of katatonic stupor lacks clearness, while the treatment of the paranoic states is too meagre. Outside of these few deficiencies, however, the book represents the most serious attempt at a clinical psychiatry, on a thoroughly scientific basis, that has yet been produced in America.